Lesson 76 - Ulcers

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1. Peptic Ulcers

Peptic ulcers occur most commonly in the first part of the duodenum where it is known as a duodenal ulcer. They are also common along the curvature of the stomach and are called gastric ulcers. They may occur in other sites but duodenal and gastric ulcers are by far the most common.

The roots of diet manipulation in the treatment of patients with peptic ulcer extends far back in medical history. As early as the first century, Celsus ordered smooth diets free of "acrid" food, and practitioners of the seventh century wrote of their belief in "special healing properties" of milk for patients with digestive disturbances. In the first half of the nineteenth century, peptic ulcer became established as a pathologic and clinical entity, and physicians generally advocated a liberal dietary regimen with frequent feedings.

However, in the latter part of the nineteenth century, a radical change developed in medical opinion concerning peptic ulcer treatment. The belief spread that food was harmful to the ulcer, and only complete rest—meaning an empty stomach—would allow the stomach to heal itself. Fasting regimens became the accepted practice among European physicians and were soon introduced in the United States.

Dr. J. H. Tilden, one of the early Hygienic practitioners advocated the fast for peptic ulcer patients. He said, "When disease has been suspected, or if suspected and not properly treated until hemorrhage has taken place, the patient must be kept quiet in bed, without any food, for at least forty-eight hours after the hemorrhage ceases."

Hereward Carrington endorsed the fast as an effective means for regeneration and renewal. In his book, *Vitality, Fasting and Nutrition*, he says: "The moment the last morsel of food is digested, and the stomach emptied, a general reconstructive process begins; a new tissue formation, owing to the fact that the broken-down cells are being replaced by healthy ones—which is Nature's method of repairing any destroyed or injured part of the organism. This replacement of cells means gradual replacement of tissue; replacement of tissue means that a new stomach has been created—a stomach in every sense of the word new—as new as every anatomical sense as is the filling in wounds, or between the fractured ends of bones."

Many early Hygienic practitioners endorsed the fast for ulcer sufferers including Dr. George Weger, Dr. Sylvester Graham, Dr. R.T. Trall, Dr. James C. Jackson, and others. Their success cannot be denied and indeed many patients who were considered "hopeless" by the orthodox physicians became well under the Hygienic regime endorsed by these pioneers.

Apparently, however, this "natural" regime was too easy and simple for the medical physicians to accept. Then in 1915, an American physician Bertram Sippy rejected the practice of fasting and established a

regimen of dietary control and alkaline medication. Sippy introduced the principle of frequent feedings that is still followed by many dietitians today.

Sippy's traditional diet was based on the principles that the food must be both acid neutralizing and nonirritating. His diet, therefore, according to his theory began with milk and cream feedings every hour or so, to neutralize free acid with the milk protein, suppress gastric secretion with the cream, and generally "soothe" the ulcer by coating the stomach. Although these principles are used today his assumptions have not been supported by research. Since he also claimed the food should be non-irritating, he eliminated very hot or very cold food, spices, seasonings, coffee, tea, alcohol, raw foods and whole grains.

In over 50 years of experience, Dr. Shelton found that patients with peptic ulcers regained a superb state of health following the initial fast and then following a diet of raw ripe fruits, vegetables, nuts and seeds.

The orthodox approach today is divided between diet therapy utilizing the "bland diet" as outlined by Bertram Sippy and a more liberal diet allowing "anything the patient desires to eat" except possibly eliminating black pepper and the more irritating foods and beverages. Along with this diet therapy, drug treatment is invariably given and surgery is performed in the most chronic cases, especially when there is hemorrhage.

2. Why Peptic Ulcers Are Developed

According to the *Merck Manual*, "Peptic ulcer occurs only if the stomach secretes acid." It goes on to say, "Most people secrete acid; some develop ulcers and others do not." This is misleading. Everyone secretes acid, in fact, it is imperative for protein digestion. Hydrochloric acid is secreted for this reason. Then why doesn't everyone develop peptic ulcers? There are many factors to take into consideration, but dietary habits play an important part in the etiology of this disease.

Many people abuse their stomachs with a diet that is primarily, if not entirely, acid forming. For example, a diet that consists principally of meat, bread and pastries would be definitely acid forming. The parietal cells of the gastric glands secrete the hydrochloric acid from chlorides such as sodium chloride, found in the blood. The chloride ion combines with the hydrogen ion and is then secreted upon the free surface of the stomach as hydrochloric acid. In normal gastric juice it is found in the proportion of about 0.5 percent, having a pH value of about 1. It serves to activate pepsinogen and convert it to pepsin, a digestive, proteolytic enzyme, and to provide an acid medium which is necessary for the pepsin to carry on its digestive functions; to swell and denature the food protein giving easier access to pepsin; to help in the hydrolysis of sugar and starch.

Most Americans use an excessive amount of salt (sodium chloride) on their food (any amount is excessive). This could be one reason for an abnormal secretion of hydrochloric acid in people with peptic ulcers. Sodium chloride is essential for normal digestion but only that form that is obtained from natural sources such as found in tomatoes, celery, lettuce, cucumbers, avocados, etc. When we obtain this mineral from natural food sources, imbalances and excesses do not occur.

Meat in itself contains many acids that are difficult for our body to handle, for example uric acid. It also requires a large amount of hydrochloric acid for its difficult digestion. Continued abuse will eventually weaken an organ or gland and may result in abnormalities. Thus, hydrochloric acid could continue to be excreted in excess even when not needed in such large amounts. However, continued abuse weakens; rest restores. So fasting is the logical step to restore function to a deranged organ.

Other factors can result in peptic ulcers as well. Alcohol, cigarette smoking and coffee drinking are causative factors. Stress has been implicated as a common factor. Certain drugs, such as aspirin and other nonsteroidal anti-inflammatory drugs, reserpine, and possibly corticosteroids may initiate the formation of an ulcer. These ulcers tend to heal when the drug is discontinued and are unlikely to recur unless the drug is taken again.

2.1 Development of Ulcers

A single ulcer is most common, but two and occasionally more (duodenal, gastric, or both) do occur. Ulcers penetrate into the submucosa or muscular layer. A thin layer of gray or white exudate usually covers the crater base which is composed of fibroid, granulation, and fibrous tissue layers.

Duodenal ulcers are almost always benign, but a gastric ulcer may be malignant. Keep in mind, however, that this situation does not occur overnight. The same pattern of events must first occur as in all other disease processes. Beginning with enervation, the stages of diseases run through toxicosis, irritation, inflammation until we arrive at ulceration. If the causes are not removed by this time, the process will run through induration and end in cancer.

The time to halt the development of ulcers is at the first sign of enervation. A fast and a thorough examination of your lifestyle is in order at this point. If the process has run further along the stages leading to ulceration, health can still be restored through a physiological rest and adherent to a healthful lifestyle.

2.2 Signs and Symptoms

Symptoms vary with the location of the ulcer and the person's age. Some people may not notice any symptoms; others notice them when some severe symptom such as hemorrhage or obstruction develops. The "typical" pain is described as burning, gnawing, or aching, but the distress may also be described as soreness, an empty feeling or hunger. The pain may be steady, mild or moderately severe. Dr. Shelton tells us to stop eating whenever there is any discomfort at all and this is good advice. By following this rule, you may interrupt the development of the ulcer and halt the reason for its occurrence. But you must also stop those bad habits that caused the irritation in the first place. In other words, it does no good to fast and then go back to your old eating habits. You must remove the cause.

In people with duodenal ulcers, the pain, often tends to follow a consistent pattern; it is absent when the person awakens, but appears in mid-morning. It disappears after eating, but recurs two or three hours after a meal. Pain often awakens the sufferer at 1 or 2 a.m. Frequently, the pain occurs once or more each day for one to several weeks, and may then disappear. However, recurrence is usual, if the cause of the distress is not removed.

2.3 Healing

With medical treatment, symptoms are palliated with drugs. Under this type of treatment, healing may occur, but takes six weeks or longer. Most often, however, true healing does not occur at all and more than 50% of the people have recurrent pain within two years of completing treatments.

When tissue is damaged, as in an ulcer, an attempt is made by the cells of the tissues to restore the structure and function to normal. To do this, it is necessary first to remove the damaged material and secondly to replace it by proliferation of pre-existing cells.

Cells have a limited life and are replaced by a process of cell division of pre-existing similar cells. Cell division and proliferation is mainly done in the bone marrow of the ribs, sternum, pelvis and spine. The dividing cells may be a mature specialized cells which produces two similar daughter cells. Often, cells which divide are "stem" cells, one of which stays in the stem cell pool in the bone marrow to divide again. The other daughter cell either matures itself, or divides again to form two "grand-daughters"

which mature and differentiate into specialized cells.

Healing of an ulcer is the same as wound healing. When the skin is broken, the tissue is first sealed by plasma which leaks from the severed ends of small capillary blood vessels. It clots forming a glue-like substance which binds the sites of the wound together. This substance is largely protein in nature.

Small buds of cytoplasm from the capillary lining cells move into the clot where they fuse in the middle. The neutrophils and macrophages now move to the site and remove debris and phagocytosis. Fibroblasts begin to synthesize collagen fibers which are laid down in amounts greater than normally found in the skin. This forms the scar tissue which is normally seen after healing of any cut. The epithelial cells move and divide and eventually restore the skin to normal proportions.

The body has this system of healing that restores health and integrity to any severed part. Nothing we can do (in the form of drugs and treatments) will do any healing. The best thing to do is to "intelligently do nothing."

Under a Hygienic regimen, healing occurs perfectly and completely with no recurrences as long as the person strays with the healthful lifestyle outline for him. That is, proper rest and sleep, proper food and water, pure air and sunshine, exercise, emotional poise, etc.

2.4 Treatment

Orthodox treatment for gastric and duodenal ulcer is designed to neutralize or decrease gastric acidity, even when gastric acidity is normal in patients with gastric ulcer. Sedatives or tranquilizers are given to those people who show anxiety or depression.

Keep in mind that health can never be restored with this system of palliation. It can only result in worse diseases and complications. Let us now examine some specific treatments given to these patients and see where their weaknesses lie.

2.5 Diet

Most physicians do not educate their clients regarding a proper diet. Although they often suggest eliminating spicy and fatty foods, coffee, tea, cocoa, and cola drinks, their dietary recommendations are not conducive to health. The "bland diet" is still recommended by some, and this diet could not keep a well person healthy—much less contribute to the restoration of health to a sick individual.

After the fast, a diet of fresh raw fruits, vegetables, nuts and seeds should be introduced. At the very beginning, it may be necessary to start with blended fruits or fruit juices and the most tender succulent vegetables. Nuts may be taken in the form of nut milks. Very soon, however, whole fruits and vegetables will be handled very well. If a person stays on this diet and does not overeat, peptic ulcers will not recur.

2.6 Drugs

2.6.1 Antacids

Antacids give symptomatic relief but do not restore health as causes have not been removed or corrected. There are two types of antacids. The first is *absorbable antacids*. Sodium bicarbonate and calcium carbonate, the most potent antacids, are occasionally taken for short-term symptomatic relief, but because they are absorbable, continuous use may result in alkalosis. Since symptoms of this toxicity are not distinctive (nausea, headache, weakness), the disorder may progress unrecognized to kidney damage.

It is essential that the body maintain a proper acid-base balance. The problem of regulating acid-base balance is essentially one of preventing alterations in hydrogen ion concentration secondary to the continuous formation and expulsion of the acid end products of metabolism.

The acidity of a solution is determined by the concentration of hydrogen ions. Acidity is conveniently expressed by the symbol pH. Neutral solutions have a pH of 7. The pH of a strongly basic, or alkaline, solution may be as high as 14, while that of an acidic solution can be less than 1. The pH of extracellular fluid in health is maintained at a slightly alkaline level between 7.35 and 7.45. To prevent acidosis or alkalosis, several special control systems are available in the body: (1) All the body fluids contain buffer systems which prevent excessive changes in hydrogen ion concentrations. (2) The respiratory center is Stimulated by changes in the carbon dioxide and hydrogen ion concentrations to alter pulmonary ventilation, which affects the rate of carbon dioxide removal from bodily fluids. Since carbon dioxide forms a weak acid in solution, its removal lowers the hydrogen ion concentration. (3) The kidneys also respond to changes in hydrogen ion concentration by excreting either an acid or an alkaline urine.

These control systems operate together in the maintenance of the body fluid pH. The buffer system can act within a fraction of a second, whereas the respiratory system takes one to three minutes to readjust the hydrogen ion concentration after a sudden change. The kidneys, although the most powerful of, all, acid-base regulatory systems, require from several hours to a day to readjust the hydrogen ion concentrations.

A solution that has a tendency to resist changes in its pH when treated with strong acids or bases is called a buffer. A buffer solution contains weak acid or base and a salt of this acid or base. In biological fluids the bicarbonate-carbonic acid system, the phosphate system, the hemoglobin-oxyhemoglobin system, and the proteins act as the principal buffers in the regulation of pH.

The sodium bicarbonate-carbonic acid buffer system is present in all bodily fluids. It should be noted that carbonic acid is a weak acid; that is, it binds its hydrogen ions strongly. If a strong acid (one that is loosely attached to hydrogen), such as hydrochloric acid is added, it reacts almost immediately with the bicarbonate to form carbonic acid and sodium chloride. The system operates by changing the strong acid into a weak acid and successfully prevents a major change in pH. The fact that the carbonic acid can easily be reduced to carbon, dioxide and water and removed from the body through respiration greatly enhances the combined efficiency of these mechanisms in responding to changes in hydrogen ion concentration.

If a strong base such as sodium hydroxide is added, the carbonic acid reacts immediately with it to form sodium bicarbonate and water. Again the buffer mechanism has prevented a major change in pH by changing a strong base into the less alkaline sodium bicarbonate.

When an excess of sodium bicarbonate and calcium carbonate is present, abnormal alterations in acid-base balance occur, resulting in a state of alkalosis.

Another type of antacids given to peptic ulcer sufferers is the *nonabsorbable antacids*. These antacids are relatively insoluble salts of weak bases. Suspended antacids present a large surface area of interaction with hydrochloric acid; this activity forms nonabsorbed or poorly-absorbed salts, thereby increasing gastric pH. The activity of pepsin diminishes as the pH rises above 2. Complications can also arise here, too, when there is such interference with acid-base balance and continued use can also result in alkalosis although not as quickly.

Aluminum hydroxide is another antacid commonly used. Phosphate depletion may develop as a result of binding of phosphate by aluminum in the gastrointestinal tract. Symptoms include anorexia, weakness and malaise. If there is bone resorption to compensate for phosphorus loss, urine calcium raises and there may be bone pain. If depletion is sufficiently severe and continues over years, osteomalacia may develop. Aluminum hydroxide also binds fluoride and this too may contribute to osteomalacia.

Since calcium and phosphorus are intimately related in metabolism, two ratios between them are significant. (1) the dietary calcium to phosphorus ratio affects absorption of these minerals; for adults a 1:1 1/2 ratio of calcium to phosphorus is required. (2) the serum calcium to phosphorus ratio is the solubility product of the two minerals in the serum.

An increase in one mineral causes a decrease in the other to maintain a constant product of the two. The

normal serum level of calcium is 10 mg. per 100 ml.; of phosphorus, 4 mg. per 100 ml. in adults.

If this ratio is unbalanced, the body will compensate by drawing on its stores to compensate. Therefore, an excess of phosphorus will result in the withdrawal of calcium from body stores—which may come from the bones.

Magnesium salt is frequently given to people with ulcers in spite of the fact that it often results in diarrhea. This is a clear indication that the body cannot utilize this inorganic mineral and finds a way to quickly dispose of it.

2.6.2 Anticholinergics

Anticholinergics impede the impulses or action of the fibers of the parasympathetic nerves. They are given to delay emptying of the stomach and thus prolong antacid retention. These drugs often result in dry mouth and blurred vision.

Upon administration of this type of drug, a worse condition is immediately incurred. With delayed emptying of the stomach, fermentation and putrefaction of food materials are very likely to occur. This results in the liberation of extremely toxic by-products of this decaying process. The end result is a worsening of the toxicosis that is already present in all peptic ulcer patients. We should strive to eliminate toxicosis and certainly do nothing to contribute to it. Why should you compound a problem by ingesting these toxic substances? You are immediately creating two problems: First, the addition of toxins from the drug itself and second, the interference of that drug with normal bodily processes.

2.6.3 Histamine h3 Receptor Blocking Agents

Many physicians use histamine h3 receptor blocking agents. Histamine is widely distributed in tissues, the highest concentrations are in skin, lungs and stomach. The specific homeostatic function of histamine remains unclear. Its actions in man are exerted primarily on the cardiovascular system, extravascular smooth muscle, and exocrine glands, and they appear to be mediated by two distinct histamine receptors, termed H1 and h3. The effects of histamine h3 receptor in the exocrine glands is to stimulate gastric acid secretion. The drug *Cimetidine* is given to patients with gastric ulcers to block the stimulation of gastric acid by histamine and thereby reduce gastric acidity. Being a new drug, its toxic effects have not yet been proven but we know that all drugs are toxic and interference in any bodily function is contradictory. Again, this drug does nothing but suppress symptoms and causes are not even given a thought. There is no "cure" with *cimetidine*. In some cases the ulcers will temporarily heal, but will reappear because the same conditions that resulted in the ulcer in the first place still exist.

2.7 Requirements To Heal Peptic Ulcers

REST. That is the main requirement. When the stomach is given to a total rest, the ulcers will heal. During the first two or four days, there will be some pain but soon the gastric juices will subside and there will be no pain after that for the remaining of the fast. Dr. Shelton found this to be true for the many people who fasted under his supervision with gastric ulcers. This is the most effective, surest, and safest way to attain proper healing. When this method is employed, there will be no recurrences. Following the fast, however, old habits must not be resumed. Smoking, alcohol and coffee drinking must be eliminated and a healthful diet must be adhered to. In addition to this; an exercise program should be initiated and the other requirements for health met for optimum health.

3. Other Types Of Ulcers

3.1 Ulcerative Colitis

Ulcerative colitis is a condition where the colon becomes inflamed and, due to constant irritation and toxemia, ulcers develop. There is moderate to severe diarrhea with loss of blood in some cases.

This is a very serious condition where a situation has developed due to a long period of abuse. This condition only arises when an extreme toxicosis exists throughout the body. It develops due to improper eating and drinking habits—fried foods, meats, refined and processed foods, etc.; lack of exercise; lack of fresh air and sunshine; lack of sleep; stress; etc.

Most physicians do not restrict the diet of such patients except in the use of raw fruits and vegetables. They say that the roughage in these foods are too irritating for the patient to handle. In truth, these are the only foods that will promote health. However, it is important that such patients first initiate healing of the colon. The fast is in order for all such conditions. This fast, however, must be taken under the supervision of a person who is experienced in conducting fasts. To document the effectiveness of the fast in regard to the healing of ulcerative colitis, read *Triumph Over Disease by Fasting* by Dr. Jack Goldstein. In this book Dr. Goldstein tells of his experiences with ulcerative colitis. He ran the gamut of all the orthodox treatments but he only became worse. After reading some books on Natural Hygiene, he undertook a six-week fast followed by a natural-foods diet. He was so much improved that he was soon able to return to work. Several subsequent fasts allowed his body to completely regenerate and heal so he is now in superb health. I highly recommend that you read this book.

Many people experience acute diarrhea and colitis when on a diet that contains dairy products. These symptoms occur due to lactose deficiency. Lactose is the sugar in milk that most adults cannot tolerate due to lack of the enzyme lactase that is needed to split the lactose into the mono-saccharides glucose and galactose. It therefore becomes a toxic component to the body. The case in milk is also indigestible because we lack rennin to break down this protein. Thus, a case of toxicosis is initiated. This debilitates all bodily systems and in some, results in colitis. If incorrect dietary habits are persisted in, the colitis may evolve into ulcerative colitis.

3.2 Ulcers on the Skin

When a condition of toxicosis exists throughout the body, the skin may be used as an outlet for its toxic overload. Through a process of autolysis, a break in the skin will be made. This is done by the autolytic enzyme called lysosome. This enzyme is liberated from the cell and is capable of digesting protein tissue. Soon, a small pustule will appear on the skin. This may take the form of a pimple, boil or cyst. The pustule will enlarge in size until it really liberates its toxic contents. This is the body's method of housecleaning and the procedure should not be interfered with.

Tremendous improvements have been made during a fast for such conditions. Pustules enlarge and empty their toxic contents during the fast and healing then takes place, this process unburdens the body, alleviates toxicosis, and suits in a generally-improved state of health. If, anywhere during the course of this process, a drug is taken to oppress the symptoms, the toxic matter will be redirected back into the system. Now the crisis becomes more severe toxicosis increases. The body must now initiate a more desperate attempt to eliminate its overload and a more stressful type of "disease" follows. You can see how much more sense it makes to cooperate with your body at the first sign of "disease" (housecleaning). The body will purify itself and homeostasis will be maintained.

3.3 Varicose Ulcers

Valved veins of the lower limb are of three types: deep vains, perforator veins, and superficial veins. Venous flow most efficient during muscular activity when the contracting muscles compress the sinusoids (minute blood vessles) and deep veins, thereby pumping the blood toward le heart; the direction of flow is controlled by the venous valves.

Veins function to conduct blood from the peripheral tissue to the heart. Blood pressure in these vessels is extremely low compared to that in the arterial system, and blood must exit at an even lower pressure, creating a need or a special mechanism whereby blood will be kept moving on its return to the heart rather than being allowed to pool and create more resistance to capillary flow. To achieve this, veins possess a unique system of *valves*. They serve to direct the flow of blood to the heart, particularly in an upward direction, preventing backflow when closed, movement of blood in veins toward the heart is brought about largely by the massaging action of contracting skeletal muscles and by the pressure gradient created by-breathing when, during inspiration, the pressure in the thoracic cavity decreases and the pressure in the abdominal cavity increases. Insufficiency of the valves can cause veins to become varicose, that is, swollen with accumulated blood, knotted, and painful. The veins lose their elasticity as a result of the continuous distention. Varicosity commonly occurs in the superficial veins of the lower extremities, which are subject, to strain when the individual stands for long periods of time. Obesity hastens their development.

Initially, superficial veins are tense and may be palpated but are not visible. Subsequently, they become visibly dilated or painful. Eventually pigmentation (from red blood cells diffusion through the capillaries), eczema, edema, subcutaneous induration and ulceration occur. The ulceration is usually small, superficial, and very painful because of exposure of nerve endings. These ulcerations may start following minor trauma to an area of pigmentation, induration, eczema, or edema, and are usually chronic by the time they are seen.

Treatment usually consists of compression "with hosiery, injection of the veins, or surgery. As with any such treatment, causes are not removed and health is not restored. Dr. Shelton advocated the fast for all cases of varicose veins. He said, "For more than 40 years I have advocated the employment of the fast in cases, of varicose ulcers. In many such cases that I have cared for, I have not had one to fail of healing." Also in regard to varicose ulcers and fasting, Dr. Shelton quotes Dr. Harry Clements. He cites an article that appeared in *The Lancet*, June 15, 1968, entitled "Fasting for Obesity," the article read, "Perhaps the most unexpected effect was the rapid healing of varicose ulcers. Case 10 had had ulceration continuously for 18 years, following an operation on her varicose veins, but after six weeks starvation the ulcers had completely healed whereas case 12 had ulcers which had remained active for seven years in spite of seven months' treatment in 1964, yet they healed in three weeks."

The body will heal when provided with the proper conditions for healing and repair. As with all toxic conditions, rest is the primary condition, and the fast met that requirement.

3. Questions & Answers

How does stress affect the formation of peptic ulcers?

> Dr. Hans Selye found that ulcers may occur if there is an excess secretion of the anti-inflammatory hormone produced by the adrenal glands. This hormone is ecreted in larger amounts during stress. This might be an litiating factor in the formation of ulcers, but they

would not occur in a simultaneous condition of toxicosis did not ccur.

Is it true that taking supplements of zinc will result in healing of gastric ulcers?

Some researchers have found that gastric ulcers heal more rapidly when zinc was administered. However, this is an illusion. The body will wall off any poisonous substance to preserve its integrity. Inorganic zinc is a toxic substance and, like any other drug, cannot heal or result in health for the individual taking such supplements.

Article #1: Stomach Ulcer by Dr. Herbert M. Shelton

He had a stomach ulcer for over four years. During this period he had grown "better" and "worse" by turns. At one time, a hemorrhage occasioned by the ulcer had almost resulted in death. For weeks he lay in bed, weak, anemic, attenuated to a skeleton. He gradually grew stronger and put on weight and was again able to be up and around.

Smoking, drinking and economic worries helped to add to his sufferings and his ulcer persisted and grew slowly worse. Physicians and surgeons wanted to operate, but this he persisted in refusing.

This was the wreck of a patient that, finally, came into the hands of a Hygienist for care. Why do people continue to try every possible wrong remedy before they turn to the right one? Why do they try all of the artificial and destructive methods before they resort to the natural and constructive ones? Why is "Hygiene" the last, rather than the first resort?

If Natural Hygiene can restore good health to the scraps and derelicts, after they have been through the hands of all the physicians and surgeons that their money can buy, will they not produce health much more rapidly, much more satisfactorily, if the patient employs these first? Why suffer for years and spend a small fortune on futile and destructive methods when all this may be avoided by adopting Hygiene at the outset? Do we like to suffer; or, do we like to spend our money needlessly? If Hygiene will save us much suffering, much time and many dollars, why do we not employ it exclusively?

Hygiene does not wreck constitutions. It does not destroy organs. It does not build complications. It does not accelerate the evolution of pathology. In all of these things it does the opposite. It is constructive, regenerative and tends always to preserve and restore organic and functional integrity. The differences between medical methods and Hygienic methods are basic and immense.

Our patient finally found his way to a Hygienist who put him in bed and stopped him from eating. He was given daily exercise and a daily sun bath. Beyond these things, water, air and encouragement are all that he received.

But what a difference in results when contrasted to the old methods. Day by day he improved. His improvement was apparent after the first three or four days. Symptoms slowly subsided and completely disappeared. After the fast was broken, he was fed a natural diet composed chiefly of an abundance of fruits and vegetables. He gained in weight and strength and returned home well, strong and happy.

An ulcer is simply an open sore, "a circumscribed loss of tissue," or "a dissolution of continuity in the soft parts of shorter or longer standing." The following three cardinal distinctions between a wound and an ulcer should be of interest to readers:

1. I wound arises from the action of an extraneous body—the cause of an ulcer is inherent in the economy.

2. A wound is always idiopathic (not secondary to another disease)—an ulcer is always symptomatic.
3. A wound has essentially a tendency to heal, because the action of its cause has been momentary —an ulcer, on the contrary, has a tendency to enlarge, because of the persistence of its cause.

Peptic ulcer, as ulcer of the digestive tract is called, may develop in the lower end of the esophagus, the stomach, duodenum and, after gastroenterostomy, in the jejunum. The ulcer is more often, single, but sometimes multiple. They are of varying sizes and tend to enlarge under "regular" mismanagement.

The most common symptoms of gastric (stomach) ulcer are indigestion, paroxysmal pain, localized tenderness, vomiting, gastric hyperacidity, and hematemesis or hermorrhage from the stomach.

The pain is paroxysmal, localized and severe and may radiate to the back or sides. In many cases it is aggravated by eating and persists until the stomach is emptied, either by vomiting or by the food passing into the intestine. In other cases the pain is present when the stomach is empty and is relieved by eating.

Two small areas of tenderness may often be found; one in front and just below the lower end of the breast bone, the other behind and a little to the left of the tenth or twelfth dorsal vertebrae.

Vomiting often takes place in from one and one-half hours to two hours after eating. The vomitus usually consists of gastric juice and undigested food. Although the acidity of the gastric juice may be normal, a test usually shows its acidity to be increased.

Loss of blood (hematemesis) occurs in more than fifty percent of cases; the loss of blood being given as the cause of death in approximately twenty percent of all "fatal cases." The blood is fluid and unaltered in most cases, but in cases where it is retained in the stomach for some time before being ejected, it may have a "coffee-ground" appearance, in some cases no blood is vomited or emitted, but is discharged entirely through the bowels. In some rises the blood is invisible to the in aided eye ("occult") ;.rd can be directed only by tests.

There are cases in which all of the above symptoms, except that of dyspepsia, are absent and others in which all of these symptoms are missing. The first indication of ulcer in such cases is perforation of the stomach wall or a profuse hemorrhage. Perforation, which occurs in 8 to 10% of cases under medical care results in peritonitis, often abscess.

Because of the persistence of the causes of the ulcer and to the increasing tissue degeneration that occurs, cancer frequently evolves out of an ulcer. Some medical authorities say that twenty percent of ulcers evolve into cancer.

Ulcers are not always discovered by X ray and many mistakes are made in diagnosis. The following conditions are often mistaken for ulcer of the stomach: gastralgia, gastric cancer, ulcer of the duodenum, and gallstones.

Medical authorities tell us that the prognosis "is guardedly favorable in recent cases." Under their care, the mortality in all cases runs from eight to ten percent. They say "some ulcers run a rapid course and end fatally through hemorrhage or perforation; others, even without treatment, persist for many years. Relapses are common." One I famous surgeon, when asked when an operation would be performed for gastric ulcer, replied: "After it has been cured nine times."

Medical men are completely at sea as to the cause of stomach ulcers. In giving its cause they say: "It is more common in women than in men. The majority of cases occur between the ages of twenty and forty. Chlorosis and anemia are important predisposing factors." They also say, "It is generally admitted that these ulcers are due to the digestive action of the gastric juice upon an area of local malnutrition. The cause of malnutrition is obscure." The fact that ulcers occur more often in women than in men is not a cause of ulcer. In other words, "female sex" is not a cause. Many men do develop the disease and most women do not develop it. In like manner, time of life is not a cause.

Diagnosis is difficult, etiology is unknown, prognosis is unfavorable, treatment is unsatisfactory and the

undertaker is waiting—this well sums up the present medical view of gastric ulcer.

Operations to remove the stomach, or part of it, or both the stomach and the duodenum are often performed. These vandalistic procedures are dignified by such highbrow terms as gastrectomy, or partial gastrectomy. These operations "are indicated" if "there is evidence of pyloric obstruction, or of hour-glass contraction or other serious deformity of the stomach, or if the disease does not yield to medical treatment and the life of the patient is endangered by malnutrition."

Alkalies, silver nitrate, bismuth sub-nitrate and alkaline laxatives are the chief poisons used to "cure" gastric ulcers. Sodium bicarbonate, magnesia and chalk are favorite alkalies. Artificial Carlsbad salt is a favorite laxative in this condition. Morphine is given hypodermically if the pain is severe.

The medical diet is a tragedy. It is made up of milk, buttermilk, beef-juice, animal broths, egg white, thin pap, soft-broiled eggs, scraped beef, boiled sweet-breads (pancreas), tender parts of oysters, white meat of chicken, "well-made gruel" and custard pudding. It is an almost exclusively animal-food diet and with the possible exception of the sweetbread, is made up wholly of acid-forming food. "Rectal feeding" by means of "nutritive or saline enemas" is attempted if "hemorrhage has recently occurred or if vomiting is urgent," so that feeding is impossible. The diet is almost as bad as the drugging program.

Rest, if a patient can really rest on such a program, is the only thing they give the patient that is helpful. "Rest and appropriate diet," they tell us, are most important. How important! Yet, how much neglected! When will they learn the meaning of rest? When will they learn what an appropriate diet is? A worse diet than the above is almost inconceivable. Rest under a program of drugging is almost impossible.

In general, it may be said that ulcers arise from poor health. No ulcer develops unless one is living in such a manner as to favor the development of disease. For instance, there is an undoubted connection between tobacco using and gastric ulcer. The same undoubted connection exists between ulcer and alcoholism. Irritating spices and many drugs prove also to be causes of ulcer.

Gastric ulcer is concomitant with an excess of acid in the stomach. The medical profession assumes that the hyperacidity is purely local. The Hygienic school considers it to be rather a merely local expression of a general lowering of alkalinity, or acidosis. The ulcers are merely forms of scurvy. In all cases one finds these patients to have lived on a diet that is predominantly acid forming.

Worry, anxiety, jealousy, disappointment in love, etc., due to their power to derange function throughout the body, and to derange the digestive function in particular, aid in causing ulcers.

Indeed, it may be truly said that anything and everything that impairs health, aids in causing gastric ulcer. For, peptic ulcers, of all kinds are outgrowths of a number of corolated antecedents.

First there are enervation and toxemia. There is imprudent eating and predominantly acid-forming dietary. The fluids of the body lose more or less of their normal alkalinity. Calcium deficiency and vitamin deficiency result in a mild scurvy.

Enervation and imprudent eating cause indigestion and fermentation. Poisons and gases, resulting from food decomposition, cause catarrhal inflammation (gastritis). The inflammation becomes chronic and results in induration (hardening); this, in time, results in a breaking down of the indurated areas, or ulceration.

Because of chronic provocation, the persistence of the causes of ulceration, perforation of the stomach occurs, resulting in peritonitis, and, perhaps, death.

Every step in the evolution of this condition is built on the preceding one and prepares for the succeeding one. Gastric ulcer, perforation, peritonitis, death—these are evolutions out of uncorrected causes. The ulcer and indigestion are not separate and distinct diseases, but separate links in a syndrome of causes and effects extending from childhood to death.

Not all ulcers produce perforation. Many of them heal. Indeed, it is said that post-mortems have shown that a very large number of ulcers heal. Some of them heal without the individual ever having known he

had the condition. Dr. Tilden says: "My experience has been that the chances of recovery are very good."

The late Dr. Weger wrote: "A postoperative picture, quite disconcerting, can often be painted by those who have had one or more gastroenterostomies, subsequent operations for relief of adhesions, and not infrequently gallbladder drainage or removal, yet have not learned how to eat properly afterwards. The appendix may have been disposed of early in case. The disillusionment that accompanies the return of the symptoms, often in an aggravated form, leaves bitterness and disappointment that shatters faith in surgery and medicine." Fortunately, as Dr. Weger adds: "Even in such apparently, hopeless cases, with loss of continuity of structure or loss of important organs or secretions of organs, there is a way by which comfort can be restored and compensatory adaptations to abnormal states is possible of attainment."

Any change to a "bland" diet, or to one requiring less motion of the stomach causes less immediate irritation than does food containing much roughage, but it will not remove the causes of the ulcer. Alkalies will temporarily neutralize the excess acids in the stomach, but they do not remove the causes of ulceration. Their continued use does produce a condition known as alkalosis.

The first step necessary to remedying gastric ulcer is a thorough reformation of the patients mode of living. Every harmful and enervating habit and influence must be corrected. Unless this is done these things will daily add to the cause of the ulcer and make satisfactory healing impossible.

Next, to assure rest of the stomach, normal body chemistry and normal gastric secretion, a fast is necessary. No food, just water, should be taken. The duration of the fast will vary in individual cases from a few days to a few weeks and should be taken under the supervision of a competent Hygienist.

Indeed, since rest and quiet and freedom from responsibilities and irritations are essential in these cases, both during the fast and subsequently for some time, the fast is best taken in an institution away from home, business and friends, neighbors and relatives.

Dr. Weger says, "Dependable healing will not take place if the fast is broken too soon. *The fast must be continued until all reactions indicate that systemic renovation has been completed.* True, many patients are already thin and depleted and look the part of chronic sufferers. This state, while deplorable, is not a contraindication to the complete fast. There is no other way that is lasting."

After the ulcer has healed and the fast is broken, proper food, sunshine, exercise, mental poise and good general Hygiene will complete the evolution of good health, and so long as, by these means, good health is maintained, there will be no recurrence of the ulcer.

Reprinted From Dr. Shelton's Hygienic Review, Jan. 1980

Article #2: Gastric And Duodenal Ulcers by Dr. Herbert M. Shelton

I have a letter from a reader who informs me that he has a sister and a brother, both of whom are suffering with stomach ulcers. They have been told: "once an ulcer, always an ulcer," that "you just have to learn to live with it." He also informs me that the sister is "now taking the highly controversial Miltown" (one of the tranquilizing drugs) and that she says that it is "better to suffer the side effects of this (drug) than to be doubled up half the day with ulcer pains."

What an indictment of "medical science!" What a confession of failure! What an experience they have that leads them to say: "once an ulcer, always an ulcer," and that you just have to learn to live with it."

The woman is being transformed into a drug addict because the boasted "science" of medicine can offer her no hope of recovery, the letter says nothing of how they are being fed, but we may safely assume

that they are eating the usual bland diets and are eating at all hours of the day and night, the next thing will be an operation to remove portions of the stomach; to be followed by the recurrence of another ulcer and another operation. In the end, the entire stomach may be removed and the esophagus united with the duodenum. But the sister also has a duodenal ulcer—what will be done with this?

People expect to be *cured* and they expect the *curing* to be done by something outside of themselves—by drugs, electricity, baths, massage or some other power or agency hat drives out *disease* and restores health. All the practices of all the schools of so-called healing are based upon his erroneous idea. In the case of ulcer, however, they are being taught that there is no cure; they simply have to learn to live with their ulcers—"once an ulcer, always an ulcer."

Why should the ulcer case get well? Drugs are employed o "relieve" pain, food is used as a palliative, no cause is ever removed, the primordial requisites of health existence are neglected. With the causes of disease existing, the condition of health unsupplied and the energy of the patient constantly depleted by exhausting personal habits and by the treatment employed, what right has the sick person to expect to recover? How can effects cease while cause remains? How can results be obtained when the requisite conditions are not supplied? How can important vital functions be normalized if there is lack of functioning power?

In every other science these subjects are carefully studied and true principles applied to the achievement of results. It is only in the *curing* professions that the plainest principles are ignored and effects are sought to be obtained by the operation of thoroughly speculative methods. The key to robust life, to functional vigor, to the preservation and recovery of health, lies in an understanding of the normal means by which life is evolved and maintained.

The removal of the causes of disease involves a study of their causes and their bearings upon the individual; so that any true science of health/disease must include the science of etiology. As sure as effects follow causes in any and all departments of nature, an understanding of the causes that lead to the evolution of disease will enable us to remove these causes and provide the causes of health and thus to restore health. So long, however, as we are content to ignore causes and to palliate symptoms, no restoration of health is possible.

The ways or processes by which the sick recover, no matter what the name given to the disease, or what the treatment employed, are strictly biological processes and are not susceptible of duplication or imitation by the practitioners of any school of so-called healing. The forces and processes of the living organism alone restore health and these processes and operations are always in obedience to the same general principles of life; the power and the processes by which the organism is developed and maintained are the same by which wounds are healed and health restored in disease.

The means of recovery are the same as those by which the original evolution of the organism, from zygote to maturity, are made possible. This means that the elements of health, of normal life, are the means of recovery. The subject of getting well by the use of the same means that keep you well, should be of utmost interest to everyone, well or sick. The means employed must harmonize with physiology and biology as manifested under the peculiar circumstance of disease. All of this simply means that we recover strength and vigor in the same way and by the same means that we originally obtained these; that we repair tissue (heal lesions) in the same way and by the same means that we originally evolved the tissue; that the means that enable us to live in health are the requisites of recovery when we are sick.

The power of healing resides in the organism and the process is the process of life. It is ever active, it is never asleep, it never rests so long as life lasts, if there is anything to be healed. The success of its work depends first of all upon the removal of the cause of the disease and then, upon the proper quantities and qualities of the primordial requisites of organic existence. By this last is simply meant that the amount of food one should eat, the amount of exercise one should take, the time one should spend in the sunbath, the amount of bathing one should indulge, the rest and sleep that should be secured, the water taken, etc., is dependent upon the ability of the impaired organism to appropriate and use these substances and conditions. The more vigorous person may bathe frequently, exercise vigorously and eat heartily; the

feeble patient must rest more, bathe less, eat little or not at all and treat himself with the utmost gentleness. Any heroic measures will prove harmful.

I have emphasized the importance of placing our reliance upon the means and materials by which we maintain ourselves in health as being, also, the means and materials by which we are to be restored to health, simply because the schools of so-called healing constantly ignore them or misuse them. It is the worst kind of folly to think that we require healthful materials in health and disease-inducing substances when we are ill; that the sick are to be restored to health, not by use of the means by which health is built in the first place, but by means which are well known to produce disease when given to the healthy.

Why should we be afraid to trust the modified use of these normal elements of living, when we are sick, as means of recovery? Why should we impose our trust in substances and processes that have no normal relation to life, are not needs of life, cannot be used by the body in either health or sickness and are invariably harmful, often lethal, when introduced into or applied upon the body—whether well or sick? Why talk learnedly about the "side effects" of these damaging substances and close our eyes to the obvious fact that these so-called *side effects* are an integral part of the general effects of the poison employed?

I have stressed the modified employment of the normal elements of living for the reason that the impaired organism is limited in one way or another in its capacities and abilities to appropriate and use these normal factors of life. Much as the healthy man may need exercise, the pneumonia or typhoid patient needs rest. Much as the healthy worker requires a certain amount of food daily, the typhoid patient cannot digest and utilize food. The ulcer patient is strongly needed and is the surest and most certain-way of providing the rest of the stomach that is requisite to healing of the ulcer. Instead of feeding every two hours of the day and night, all feeding should be discontinued for a period of time commensurate with the toxic state of the patient.

This commonly, though by no means always, means an increase in suffering for the first three to four days, after which the pains begin to subside and daily grow less end less until they cease altogether. Just recently a young man fasted at the Health School for a gastric ulcer. There was no pain from the moment the fast was instituted. In those cases where there is increased pain, the pain lasts but a few days and the patient certainly suffers far less under the plan of care than under the plan of mere palliation, for under this plan the suffering goes on year after year, the ulcer becomes larger, others evolve, perforation develops with the escape of the contents of the stomach into the peritoneal (abdominal) cavity and the patient dies of peritonitis or from loss of blood or cancer evolves and the patient dies of cancer.

Gastric and duodenal ulcer grows out of a long-standing catarrhal inflammation of the lining membrane of the stomach and duodenum. This is the result of chronic toxemia and chronic abuse of the stomach in eating and drinking. The line of evolution is irritation, inflammation, induration (hardening) and ulceration. The next step in this pathological evolution is fungation, which is cancer. Repeated gastric crises (gastritis) develop over the years before the condition becomes chronic. The enervation and toxemia that are back of the gastritis and ulceration are outgrowths bf a mode of living that uses up nerve energy in excess of the body's abilitiy to replenish it.

This all simply means that an enervating mode of living produces enervation; enervation checks elimination so that metabolic waste is retained, producing toxemia. Toxemia produces irritation and inflammation and, ultimately hardening and ulceration. The remedy for the evolutionary results of wrong life is to correct the life. This must be done, however, before an irreversible stage of the pathological evolution is reached. Once the condition has evolved into cancer, there is no turning back.

Under Hygienic care ulcers of the stomach heal and under Hygienic living they remain healed. This is to say, the same means and measures that evolve good health also preserve good health. This is exactly the same principle that provides that the same causes that produce disease perpetuate the disease. Remove cause and effects cease.

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